

AMENDED IN SENATE APRIL 24, 2006

AMENDED IN SENATE APRIL 17, 2006

SENATE BILL

No. 1804

Introduced by Senator Florez

February 24, 2006

An act to amend Section 1346.1 of the Health and Safety Code, and to add Section 12958 to the Insurance Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1804, as amended, Florez. Health care: product database.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires the department to maintain a database of health care service plans that operate in each of the state's counties. Existing law also provides for the regulation of health insurers by the Department of Insurance and requires the Insurance Commissioner to annually publish and distribute to consumers a comparison of insurance rates report, as specified.

This bill would, on and after July 1, 2008, require the Department of Managed Health Care to include additional information in its database regarding those health care service plans. The bill would, on and after July 1, 2008, also require the Department of Insurance to maintain a database of health insurers by county that includes specified information about those health insurers. The bill would, on and after July 1, 2007, require health care service plans and health insurers to provide the respective departments with information relating to their products, ~~and to update that information on a quarterly basis, and would require a physician and surgeon to report to a contracting plan~~

or insurer, whether he or she is accepting new patients. Because a willful violation of this bill's provisions relating to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1346.1 of the Health and Safety Code is
2 amended to read:

3 1346.1. (a) The department shall maintain a database
4 indicating for each county, the names of the health care service
5 plans that operate in that particular county.

6 (b) On and after July 1, 2008, the department shall also
7 maintain in the database the following information for each
8 county:

9 (1) The commercial and government sponsored product lines
10 offered by each plan, including, but not limited to, a preferred
11 provider organization, a health maintenance organization, and a
12 point-of-service plan contract.

13 (2) The number of enrollees and subscribers authorized for
14 each product line that the plan offers or administers.

15 (3) For each product line, on a full-time equivalent basis, the
16 number of participating physicians and surgeons by specialty,
17 and the number of participating physicians and surgeons for each
18 product line who have indicated that they are not accepting new
19 patients. The full-time equivalent basis shall be determined
20 pursuant to the department's methodology.

21 (c) The information required pursuant to this section, *other*
22 *than the information described in paragraph (2) of subdivision*
23 *(b)*, shall be made available to the public on the department's
24 Web site. The department shall update the information quarterly,
25 shall disclose that the information is subject to change without

notice, and shall provide a telephone number that consumers may use to obtain information regarding a particular product line.

(d) On a quarterly basis, on and after July 1, 2007, each plan shall provide the data the department requests in order to comply with this section in a form prescribed by the department. *A physician and surgeon shall on a quarterly basis, on and after July 1, 2007, report to each plan with which the physician and surgeon contracts, whether he or she is accepting new patients.*

A plan shall ensure that the information provided to the department is updated at least quarterly. If a plan delegates the responsibility of complying with this section to the plan's contracting provider, contracting provider group, or contracting specialized health care service plan, the plan shall reimburse the provider, group, or other plan for any costs incurred to comply with this section.

SEC. 2. Section 12958 is added to the Insurance Code, to read:

12958. (a) On and after July 1, 2008, the department shall maintain a database indicating for each county, the names of the health insurers that offer or administer health insurance, as defined in Section 106, in that particular county. The database shall also include the following information for each county:

(1) The health insurance product lines offered by each health insurer, including, but not limited to, a preferred provider organization and an exclusive provider organization.

(2) The number of insureds for each product line that the health insurer offers or administers.

(3) For each product line, on a full-time equivalent basis, the number of participating physicians and surgeons by specialty, and the number of participating physicians and surgeons who have indicated for each product line that they are not accepting new patients. The full-time equivalent basis shall be determined pursuant to the department's methodology.

(b) The information required pursuant to this section, *other than the information described in paragraph (2) of subdivision (a)*, shall be made available to the public on the department's Web site. The department shall update the information quarterly, shall disclose that the information is subject to change without notice, and shall provide a telephone number that consumers may use to obtain information regarding a particular product line.

1 (c) On and after July 1, 2007, on a quarterly basis, each health
2 insurer shall provide the data the department requests in order to
3 comply with this section in a form prescribed by the department.
4 *A physician and surgeon who contracts with a health insurer*
5 *shall report to the insurer on a quarterly basis, on and after July*
6 *1, 2007, whether he or she is accepting new patients.* A health
7 insurer shall ensure that the information provided to the
8 department is updated at least quarterly. If a health insurer
9 delegates the responsibility of complying with this section to the
10 health insurer's contracting provider or contracting provider
11 group, the health insurer shall reimburse the provider or group
12 for any costs incurred to comply with this section.

13 SEC. 3. No reimbursement is required by this act pursuant to
14 Section 6 of Article XIII B of the California Constitution because
15 the only costs that may be incurred by a local agency or school
16 district will be incurred because this act creates a new crime or
17 infraction, eliminates a crime or infraction, or changes the
18 penalty for a crime or infraction, within the meaning of Section
19 17556 of the Government Code, or changes the definition of a
20 crime within the meaning of Section 6 of Article XIII B of the
21 California Constitution.